

# BEST AVAILABLE COPY

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	C.H.	1003400	11-20-79
O.I.P.E. CLASSIFIER		48	12/2/79
FORMALITY REVIEW	D.M.L.	10011661	12-8-79

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
- ..... Allowed I ..... Interference  
- (Through numeral) Canceled A ..... Appeal  
÷ ..... Restricted 0 ..... Objected

Claim	Date		
Final	Original	1	2
1			
2		✓	✓
3		✓	✓
4	✓	✓	✓
5	✓	✓	✓
6	✓	✓	✓
7	✓	✓	✓
8	✓	✓	✓
9	✓	✓	✓
10	✓	✓	✓
11	✓	✓	✓
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43	✓	✓	✓
44	✓	✓	✓
45	✓	✓	✓
46	✓	✓	✓
47	✓	✓	✓
48	✓	✓	✓
49	✓	✓	✓
50	✓	✓	✓

Claim	Date		
Final	Original	1	2
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Claim	Date		
Final	Original	1	2
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If more than 150 claims or 10 acts  
staple additional sheet here

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